

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Cambia Health Solutions Inc. PAC

ADDRESS (number and street)

200 SW Market St

PO Box 1271/MS E12C



(Check if address is changed)

Portland

OR

97207-1271

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

jason.daughn@cambiahealth.com



(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

M = M / D = D / Y = Y Y Y Y Y
12 / 19 / 2011

3. FEC IDENTIFICATION NUMBER

C C00252684

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Jason A Daughn

Signature of Treasurer

Jason A Daughn

[Electronically Filed]

Date

M = M / D = D / Y = Y Y Y Y Y
12 / 15 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)